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Health Services

ADMINISTERING AEROMEDICAL STAGING FACILITIES

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements Air Force Policy Directive (AFPD) 41-3, *Worldwide Aeromedical Evacuation*, by providing policies and procedures for establishing and managing an Aeromedical Staging Facility (ASF)/Aeromedical Staging Squadron (ASTS). It: defines the ASF mission and scope of care; explains how to manage and transport patients; and specifies support responsibilities of the host medical treatment facility (MTF). It is to be used in conjunction with Air Force Instruction (AFI) 41-301, *Worldwide Aeromedical Evacuation System,* AFI 41-302, *Aeromedical Evacuation Operations and Management,* AFI 41-303, *Aeromedical Evacuation Dietetic Support,* Air Force Joint Manual (AFJMAN) 41-306, *Physician's Roles and Responsibilities in Aeromedical Evacuation,* AFI 41-307, *Aeromedical Evacuation Patient Considerations and Standards of Care,* Air Force Handbook (AFH) 41-312, *Aeromedical Evacuation Contingency Operations (AECOT) Training Standards,* Volumes 1 through 4, AFH 41-313, *Aeromedical Evacuation Documentation*, AFH 41-318, *Ambulance Bus (AMBUS) Training Standards,* AFI 41-319, *Critical Care Air Transport Team (CCATT),* and Joint Pub 4-02.2, *Joint Tactics, Techniques, and Procedures for Patient Movement.* For additional guidance, see AFPD 40-2, *Radio Active Materials (Non-Nuclear),* AFPD 40-3, *Family Advocacy Program,* and AFPD 41-2, *Medical Support;* Air Force Manpower Determinant (AFMD) 5650; and Department of Defense. Send comments and suggested improvements on AF Form 847, **Recommendation for Change of Publication,** through channels, to HQ AMC/SGXZ 203 West Losey Street, Room 1180, Scott AFB, IL 62225-5219. The reports in this instruction are exempt from licensing with a report control symbol (RCS) IAW AFI 37-124, the information collections and reports (ICR) management program.

SUMMARY OF REVISIONS

This revision aligns the duties and responsibilities of the Fixed Aeromedical Staging Facility (FASF) and Contingency Aeromedical Staging Facility (CASF) to reflect recent Objective Medical Group changes; Updates references to new Air Force publications and forms; Deletes the Mobile Aeromedical Staging Facility (MASF) surge capacity and detailed listing of responsibilities. A (/) indicates revisions from the previous edition.

Chapter 1

MISSION

1.1. ASF Mission. The Aeromedical Staging Facility (ASF) has the twofold mission of:

- Providing support and continuity of medical and nursing care to patients traveling in the aeromedical evacuation (AE) system.
- Serving as an integral link in the AE global chain.

1.1.1. To accomplish its mission the ASF supports:

- Patient care.
- Reception.
- Administration.
- Processing.
- Shelter.
- Feeding.
- Ground transportation between the ASF and the aircraft.

1.2. Types of ASFs. There are three (3) types of ASFs: fixed, contingency, and mobile.

1.2.1. Fixed. A fixed ASF (FASF) is designated, numbered unit, separately organized but attached to a host medical treatment facility (MTF) for administrative and logistical support. It is located in a permanent physical plant. It supports contingencies by expanding resources used during peacetime operations.

1.2.2. Contingency. A contingency ASF (CASF) is a provisionally designated unit that provides administrative processing and continuing nursing care, on a 24-hour basis, to patients entering, or traveling in the AE system during emergency conditions or contingency operations. It:

- May either be established at a Continental United States (CONUS) location or be deployed overseas.
- Utilizes War Reserve Materiel (WRM) supplies and equipment.
- Is attached to a host medical treatment facility (MTF) but may be geographically separated from it's host MTF to support AE mission requirements. ***NOTE:*** If geographically separated the CASF will require administrative and logistical assistance from supporting bases or service agencies.
- Operates in buildings of opportunity or tents to support the strategic AE interface and is usually located at or near an airfield which can accommodate strategic airlift aircraft.
- Supports the interface between service MTFs and the strategic AE system, providing a holding capability of up to 72 hours for patients traveling in the AE system. ***NOTE:*** The usual length of stay in the CASF is about 12 hours.
- Is normally staffed by personnel from the Air Reserve Component (ARC) Aeromedical Staging Squadron (ASTS).

1.2.3. Mobile. A mobile ASF (MASF) is a deployable, tented asset used for temporary staging, casualty care, and administration support during contingency operations. It:

- Is located near runways or taxiways of forward air heads or operating bases used by tactical airlift aircraft.
- Supports the tactical interface between service medical treatment facilities and the AE system, providing a 2-to 6- hour holding capability for patients entering the AE system.
- Requires administrative and logistical assistance from supporting bases or service agencies.

1.3. Establishing an ASF.

1.3.1. FASF.

1.3.1.1. The Chief of Staff, United States Air Force, approves the activation or deactivation of a designated FASF or curtails an FASF mission.

1.3.1.2. MTF Commanders send requests to activate, deactivate, or change FASF missions through the major command (MAJCOM) surgeon's office to the Medical Manpower Division, (HQ USAF/SGMM), Bolling AFB DC 20332-5113.

1.3.1.3. The MAJCOM surgeon may approve adjustment of authorized aeromedical staging beds to support patient staging requirements, sending a copy of each change to HQ USAF/SGMM.

1.3.2. CASF and MASF. The Air Force Component Commander or a subordinate commander with authority to employ combat tactical units establishes requirements for CASFs and MASFs. Through the deliberate planning process, the commander requests support through command channels during training exercises, emergency conditions, or contingency operations.

Chapter 2

GENERAL RESPONSIBILITIES

2.1. Fixed Aeromedical Staging Facility (FASF)

2.1.1. Standards. FASF personnel deliver high-quality health care and administrative processing according to current standards of practice defined by the:

- Department of Defense (DoD).
- Air Force (AF).
- MAJCOM.
- Joint Commission for Accreditation of Healthcare Organizations (JCAHO).
- Commission on Accreditation of Air Medical Services (CAAMS).
- Professional organizations.
- State.

2.1.2. Scope of Care. FASF personnel care for transiting patients within the AE system. ***EXCEPTION:*** Patients on life support systems or cardiac monitors, and psychiatric patients who are management problems, homicidal, or suicidal are provided care in adjacent civilian or military MTFs.

2.1.2.1. In all situations, the flight surgeon of the host MTF, together with the FASF senior nurse or designee, decides whether a patient may stay in the FASF or must remain overnight (RON) in the host MTF or another appropriate agency.

2.1.3. Support Service. FASF personnel must follow the administrative policy and technical procedures of the host MTF when using its support services.

2.1.4. FASF Commander/Flight Chief Responsibilities.

2.1.4.1. Is directly responsible for supervising and directing the utilization of resources allocated to the ASF/ASTS.

2.1.4.2. Coordinates with the MTF Commander and the Aerospace Medicine Squadron on care and services required for enroute patients.

2.1.4.3. Develops and coordinates plans with the host MTF, base, wing, MAJCOM, and the Global Patient Movement Requirements Center (GPMRC) or Theater Patient Movement Requirements Center (TPMRC)/Aeromedical Evacuation Coordination Center (AECC) to support peacetime and contingency operations.

2.1.4.4. The FASF Commander/Flight Chief ensures FASF related training is provided to all assigned personnel.

2.1.5. Senior Nurse Executive/Nurse Manager. The senior nurse executive (SNE)/nurse manager manages nursing service.

2.1.6. FASF Manpower. See AFMD 5650 for minimum manpower requirements and standard manpower tables.

2.1.7. FASF Funding and Accountability. Fund allotments for the host MTF contain fund allotments for FASFs. The FASF Commander/Flight Chief submits information to be included in the host MTF budget and financial plan.

2.1.8. Personnel Management. If the FASF does not operate an orderly room, the host MTF helps manage personnel as paragraph 2.2.2.7. directs.

2.1.9. Pharmacy Support. FASF personnel obtain pharmaceuticals included in the authorized FASF stock list from the pharmacy of the host MTF.

2.1.9.1. Follow local policy when filling prescriptions for transiting patients. Ensure the patients have enough prescription drugs to reach their destination.

2.1.9.2. For intratheater movement, the originating facility sends a 3-day supply of medications; for intertheater movement, it sends a 5-day supply

2.1.9.3. Under exceptional circumstances, FASF orders total parenteral nutrition and other special pharmaceuticals as required at RONs.

2.1.10. Nutritional Medicine Support.

2.1.10.1. A patient transiting the AE system receives meals in the FASF or the host MTF dining facility. Attendents (medical and non-medical) are authorized to use host MTF dining facilities at their own expense. Refer to Air Force Instruction (AFI) 41-115, *Medical Programs and Benefits*, and AFI 41-303, *Aeromedical Evacuation Dietetic Support*, for additional information regarding meals.

2.1.10.2. Inform Nutritional Medicine at the host MTF about any unusual food requirements as soon as you know of such need, to prevent flight delay. In the event of altered flight plans, the FASF obtains adequate nutritional supplements and snacks for patients who have missed or will miss regularly scheduled meals. Keep nutritious snacks on hand for this purpose. ***NOTE:*** When a patient is on a tube feeding the DD Form 602, **Patient Evacuation Tag,** or AF Form 3899, **Aeromedical Evacuation Patient Record,** will state the formula name, strength, and rate. ***NOTE:*** See AFH 41-313, *Aeromedical Evacuation Documentation,* for further guidance on AE documents.

2.1.10.3. For intratheater movement, the originating facility sends a 3-day supply of tube feeding; for intertheater movement, it sends a 5-day supply.

2.1.11. Aeromedical Evacuation Clerk. The FASF supports the host MTF by providing AE clerk functions. The AE clerk:

- Ensure patients have TDY or Invitational Travel Orders.
- Reports patients into the Defense Medical Regulating Information System (DMRIS) for regulation by the GPMRC or the Joint Medical Regulating Office (JMRO).
- Updates host MTF medical capability and bed status at the MTFs request.
- Sends a copy of the AE patient orders or equivalent documentation to the GPMRC, 505 D Street, Room 100, Scott AFB, IL 62225-5049, or send through the Defense Medical Regulating Information System (DMRIS), within 5 workdays after the patient leaves the facility. ***NOTE:*** See AFI 41-301, *Worldwide Aeromedical Evacuation System,* and the DMRIS User's Manual for procedures.

2.1.12. Transportation. FASF transportation personnel:

2.1.12.1. Transport patients and baggage between the aircraft and the FASF. This responsibility covers both transiting patients and those connected with the host MTF. When moving patients in an AMBUS or ambulance, have at least one medical person (in addition to the driver) plus emergency care equipment on board. ***NOTE:*** Emergency care equipment is required by Air Force, state, and local guidelines.

2.1.12.2. Perform routine driver maintenance on all assigned vehicles. Coordinate with the host MTF and the vehicle maintenance flight for vehicle requirements. Train appropriate personnel to operate vehicles, and verify certification for flight line vehicle operation. ***NOTE:*** Refer to AFH 41-318, *Ambulance BUS (AMBUS) Training Standards,* for further guidance.

2.1.13. Baggage Handling. FASF baggage handlers:

- Process, handle, store, and transport baggage for patients and attendants who originate from and/or pass through the FASF.
- Transport baggage from the aircraft for terminating patients.

2.1.13.1. The four (4) main tasks for managing baggage in the AE system are:

- Correct tagging of bags.
- Identification on a baggage manifest.
- Transporting of bags between the aircraft and the FASF.
- Turnover of bags between the AE technician and FASF personnel.

NOTE:

Refer to AFI 41-301 for further guidance.

2.1.13.2. Inventory and secure baggage in a locked room when it is stored in the FASF, and take stock of it daily using local procedures. Allow patients access to their baggage, following local policy for access during flight processing.

2.1.14. Preparing and Submitting Reports. FASF personnel send a monthly productivity report to the host MTF resource management section. In the report, specify:

- Inbound and outbound AE flights supported.
- Transient patients and attendants received.
- Number of days transient beds were occupied.

2.1.14.1. Prepare a daily transient patient and attendant listing as of 2400 hours local. In the report, specify:

- Name.
- Cite number.

2.1.15. Who may use an FASF:

2.1.15.1. Originating or transient patients with active GPMRC or JMRO cite numbers and their medical or non-medical attendants may stay in an FASF. Valid patients include:

- Patients flying out of the host MTF.

- Patients staged from other military or civilian facilities in the local area awaiting flights.
- Patients from transiting flights.

2.1.15.2. Patients arriving at the host MTF for inpatient or outpatient care may not occupy FASF beds unless approved by FASF Commander/Flight Chief or designee.

2.1.15.3. Outpatients billeted outside the FASF must stay in contact with the ASF staff for information they need to report for flight processing.

2.1.15.4. Provide accommodations in the FASF for medical or non-medical attendants if possible or as local conditions dictate.

2.1.15.5. Department of Veterans Affairs patients may remain overnight at the FASF during transit, but will be charged for their stay.

2.1.16. Patient Valuables. Ship valuables through AE channels only under unusual circumstances. The originating facility lists valuables on an appropriate document to permit exchange of accountability during the patient's travel.

2.1.16.1. To store valuables for patients passing through the FASF:

- Use AF Form 1052, Envelope for Storing Patient's Valuables.
- Secure valuables in a safe.
- Use AF Form 1053, Record of Patient Storing Valuables.

2.1.16.2. Mentally incompetent or unconscious patients may not keep possession of their personal valuables. The host MTF transfers them to the destination hospital by United States Postal Service.

2.2. Host Medical Treatment Facility (MTF). The host MTF provides the FASF medical, administrative, logistical, and other support services it needs.

2.2.1. Medical Support.

2.2.1.1. Provides pharmacy support as paragraph **2.1.9.** directs.

2.2.1.2. Provides support in nutritional medicine as paragraph **2.1.10.** directs.

2.2.1.3. Provide radiology support: Conduct x-ray and fluoroscopic examinations and subsequent film interpretation at the request of the Director of Aeromedical Services, or other assigned provider.

2.2.1.4. The Director of Aeromedical Services:

- Supervises clinical medical support provided to the FASF, ensuring flight surgeon availability for medical consultation to FASF staff at all times.
- Advises the Commander/Flight Chief of the FASF and host MTF on clinical FASF activities.

2.2.1.5. The flight surgeon performs duties as paragraph **3.1.4.** outlines and participates in FASF quality improvement activities.

2.2.2. Administrative and Logistical Support.

2.2.2.1. The originating or enroute medical material office (MMO) provides the medical material support the patient needs during travel through the AE system. The MMO:

- Provides supplies, equipment, linen, and custodial services.
- Accounts for such material according to AFMAN 23-110, Volume 5, *Air Force Medical Materiel Management System--General*

2.2.2.2. The host MTF resource management office (RMO):

- Includes reports from the FASF as part of the MTF's reporting requirements.
- Supports the FASF self-inspection program.
- Helps the FASF with manpower issues, the Unit Manning Document (UMD), funding requests and requirements, and other services as needed.

2.2.2.3. The host MTF will place a DMRIS terminal within the FASF so that the AE clerk and nursing staff can use it to obtain patient demographic and clinical information.

2.2.2.4. The MTF facility supervisor:

- Provides for FASF custodial needs in its custodial contract.
- Helps the FASF building custodian manage the FASF facility.

2.2.2.5. The host MTF makes sure the FASF has enough physical space to accommodate widely fluctuating patient loads, readiness requirements, and AE mission surges.

2.2.2.6. The MTF vehicle control officer:

- Provides special vehicles for FASF transportation needs.
- Serves as the liaison with the vehicle operations flight.

2.2.2.7. When the FASF does not have an orderly room, the host MTF provides standard orderly room services such as:

- Preparing disciplinary actions.
- Managing military and career training.
- Monitoring leave.

2.2.2.8. The host MTF provides trained personnel for patient loading teams when required by FASF Commander/Flight Chief.

2.3. Contingency Aeromedical Staging Facility (CASF). Differs from the FASF due to differences in personnel assigned. The CASF additional manpower includes flight surgeon, medical material, mental health, pharmacy, and diet therapy personnel.

2.3.1. Scope of Care. CASF personnel provide nursing care and administration processing for all patients traveling in the AE system during emergency conditions or contingency operations. CASF personnel:

- Stage patients entering or traveling in the AE system.
- Enplane and deplane patients traveling in the AE system.
- Receive patients from MTFs or aircraft and conduct physical assessments.
- Provide continuing medical care to patients transiting through the AE system.

- Provide supportive nursing care and comfort measures to patients.
- Brief patients and generate appropriate AE documentation.
- Ensure suitability for AE.

2.3.2. Support Service. Local conditions and geographical separation from the host MTF may require CSAF personnel to develop alternate sources of support to include:

- Utility services (water, sewage, electricity, etc.).
- Billeting.
- Laundry.
- Communications.
- Food service.
- Military public health.
- Bioenvironmental engineering.
- Civil engineering.
- Medical equipment repair center.
- Security.
- Logistics.
- Transportation.
- Fuel.
- Vehicle maintenance.
- Water.

2.4. Mobile Aeromedical Staging Facility (MASF).

2.4.1. Scope of Care. MASF personnel:

- Receive patients.
- Provide continuing medical care to patients transiting through the AE System
- Provide supportive nursing care.
- Performs administrative support.
- Help manage crews.
- Perform self-supporting tasks.
- Provide a holding capability for patients entering the AE system.

2.4.1.1. AE crews may occupy the same location as the MASF.

2.4.2. Capability. The MASF is equipped and staffed for routine processing of 50 patients at a time. It can process 200 patients every 24 hours, usually holding patients up to 6 hours. Because it has no beds, patients remain on the litters provided by the originating facility.

2.4.3. Resupply and Support. The established AE chain of command provides re-supply. The MASF requires base support from AF, DoD or host nation for

- Working space.

- Billeting.
- Communications (non-organic).
- Food service.
- Military public health.
- Medical equipment repair.
- Bio-environmental engineering.
- Security.
- Logistics.
- Fuel.
- Civil engineering.
- Water.
- Laundry.
- Non-patient transportation.

2.4.4. Transportation. The originating or receiving medical facility transports patients to and from the airfield on which the MASF is located and, when necessary, assists in loading patients on the aircraft.

2.4.5. Training. Refer to AFH 41-312, *Aeromedical Evacuation Contingency Operations Training (AECOT) Standards,* Volume 1 through 4, for additional information.

Chapter 3

MANAGING PATIENTS

3.1. FASF.

3.1.1. Pre-arrival. The GPMRC or TPMRC/AECC gives a copy of the AF Form 3829, **Report of Patients Evacuated by Air,** AF Form 3830, **Patient Manifest,** and arrival information to the FASF as soon as such information becomes available. Information includes:

- Flight number.
- Aircraft tail number.
- Estimated time of arrival.
- Scheduled ground time and potential delays on all transiting and terminating flights.
- Estimated departure time on originating flights.
- Total number of litter, ambulatory patients, and attendants.
- Patient classifications, diagnoses, and requirements for special equipment, diets, ambulance, or personnel.

3.1.2. Aircraft and Patient Arrival. FASF nursing personnel meet the aircraft upon arrival and accept responsibility for patient care after receiving a medical report from the aeromedical evacuation crew.

3.1.2.1. Each patient report must include name, classification, diagnosis, and current status. Report additional information for any patient with:

- A compromised or artificial airway.
- A chest tube or post--chest tube removal.
- Ventilator dependency.
- Potential for trapped gas.
- Problems with clearing ears.
- Dressings or casts.
- Cardiac compromise.
- Neurological status changes.
- Altitude restrictions.
- Infectious or communicable diseases.
- Obstetric issues.
- Psychiatric situations requiring special attention.
- Significant change in status.
- Traveling with a medical attendant (MA) or nonmedical attendant (NMA)

3.1.2.2. Report unusual information such as:

- Do Not Resuscitate (DNR) status.

- DD Form 2239, **Consent for Medical Care and Transportation in the Aeromedical Evacuation System,** or power of attorney issues.
- Special equipment requirements and accompanying narcotics. ***NOTE:*** The flight nurse and ASF nursing personnel count patient prescription, non--prescription, narcotics together and record number of tablets, capsules, etc., off loaded on the DD Form 602 or AF Form 3899.

3.1.3. Processing Patients into the FASF. Triage starts with a review of the manifest and the patient printout from DMRIS and continues through the patient's actual arrival. The host MTF flight surgeon and FASF attending nurse determine whether each patient can remain in the FASF or must be transferred to the host MTF (for care that FASF can't provide).

3.1.3.1. After processing patients into the FASF, review the DD Form 602 or AF Form 3899. For each patient:

- Assess the patient's condition.
- Develop a plan of care.
- Provide nursing care as necessary.
- Check health records and narrative summary, if available, to ensure treatments and medications are administered correctly.
- Give a report to the MTF nursing units housing RON patients.

3.1.3.2. FASF personnel brief all patients on aeromedical staging procedures, provide patient with a patient information handout for FASF, and available services. Explain procedures for:

- Physician availability.
- Flights.
- Baggage.
- Emergency evacuation of the facility.
- Valuables.

3.1.4. Host MTF Flight Surgeon Responsibilities. As soon as possible after a patient arrives, a flight surgeon assesses the patient. The flight surgeon reviews the patient's record, prescribed treatment, diet, and current medical complaints. On the basis of the assessment the flight surgeon decides whether the patient can begin or continue travel in the AE system. ***NOTE:*** The flight surgeon evaluates the patient's condition every 24 hours, consults with host MTF medical specialists as needed, and is available on a 24--hour basis.

3.1.5. Documentation of Patient Care. Care providers document all assessments, treatments, en route flight clearance, pass permission, and all unusual occurrences on the DD Form 602 or AF Form 3899. DD Form 602 and AF Form 3899 becomes a permanent part of the outpatient's medical record.

3.1.5.1. For extensive documentation, use Standard Form (SF) 600, **Health Record-Chronological,** or other locally approved forms. Attach any such forms to the DD Form 602 or AF Form 3899 and transport the package with the patient.

3.1.5.2. Doctor's Orders. Physicians order enroute treatment on continuation sheets attached to the DD Form 602 or AF Form 3899 and sign the order. The nurse brackets the orders and signs.

3.1.6. Medical Attendants. When medical attendants accompany patients, they must continue with the patient to the destination unless a competent medical authority has arranged otherwise.

3.1.6.1. Medical attendants experience the same flight stress as patients and crew. They need adequate rest at enroute stops. The FASF or other locations may billet them according to local policy. If a patient's condition requires special attention, the attendants must give the flight surgeon and FASF nurse a thorough report on the accompanied patient before starting rest.

3.1.6.2. When not physically with the patient, attendants keep FASF personnel apprised of their location. FASF personnel inform medical attendants of changes in the patient's condition.

3.1.6.3. Medical attendants prepare their patients for outbound flights and accompany them to the aircraft.

3.1.7. Managing Special Patient Situations.

3.1.7.1. Special Equipment. Keep selected special equipment at FASFs for special patient requirements.

3.1.7.2. Overnights in the Host MTF or Other Agency. All RON patients are census assets of the FASF. If patients need to remain overnight in the host MTF or other agency while traveling in the AE system, do not formally admit them to the host MTF. The host MTF flight surgeon or designee manages medical care of such patients and clears them for flight.

3.1.7.3. Patient Pass or Emergency Leave. The flight surgeon and the FASF Commander/Flight Chief grant patient passes and emergency leave.

- Grant patients passes in compliance with AFI 36-3003, *Leaves and Administrative Absence Policy*. In general, don't grant passes to patients classified 1A, 1B, 1C, and 3C.
- Grant patients emergency leave in compliance with AFI 36-3003. Leave takes effect on the date the patient leaves the FASF.
- FASF personnel process emergency leave requests for patients from other uniformed services according to local policy.

3.1.7.4. Patients Absent Without Leave (AWOL). Once they have determined that a military patient is AWOL (absent more than 24 hours without permission), FASF personnel:

- Immediately notify the member's servicing military personnel flight or equivalent, the originating facility, GPMRC, TPMRC/AECC, JMRO, and destination facility according to local priority.
- Send the individual's records to the destination hospital.

3.1.7.5. Releasing Patients from the AE System. See AFI 41-301 for policy and procedure.

3.1.7.6. Placing Patients on Medical or Administrative Hold. If a patient's condition changes, requiring a temporary suspension from travel:

- The host MTF flight surgeon places the patient on medical hold.
- The FASF Commander places patients on administrative hold.
- FASF personnel notify the GPMRC or TPMRC/AECC and provide a projected date for resumption of travel.
- Medical and administrative hold should not exceed 72 hours.

3.1.7.7. Removing Patients from the AE System. If a patient's condition requires admission to an MTF:

- The host MTF flight surgeon arranges for hospitalization.
- FASF personnel notify the GPMRC, JMRO or TPMRC/AECC that the patient has been hospitalized. ***NOTE:*** Patients who are removed from the AE system may not resume travel on their original cite number.

3.1.7.8. Preparing a Patient Manifest. FASF personnel follow the guidance in AFI 41-301 unless the GPMRC or TPMRC/AECC advises otherwise.

3.1.8. Preparing Patients for Departure. FASF personnel prepare patients and attendants for departing the FASF. In this capacity they:

3.1.8.1. Explain the itinerary.

3.1.8.2. Ensure the patient has an adequate supply of medications and supplies.

3.1.8.2.1. A 3-day supply for intratheater travel and a 5-day supply for intertheater is the standard when the patient departs the originating facility.

3.1.8.2.2. If the patient self-medicates, make sure that:

- DD Form 602 or AF Form 3899 specifies self administered medication (SAM).
- DD Form 602 or AF Form 3899 contains a list of all medications, dosages, and schedules.
- The patient is carrying the medication.

3.1.8.2.3. Delay diuretics until after flight if possible. Give pre-flight medications within 1 hour of scheduled departure from the FASF and analgesics just before leaving the FASF.

3.1.8.3. Make sure that each inpatient is wearing a patient identification band.

3.1.8.4. Check the DD Form 602 or AF Form 3899 to see that it accurately reflects classification, destination hospital, correct diagnoses, and an inpatient Narrative Summary or DMRIS generated patient form is attached.

3.1.8.5. Review DNR and power of attorney paperwork to confirm that requirements are met. See AFI 41-301 for specific guidelines.

3.1.9. Security. Conduct security procedures before departing for the flight line.

3.1.9.1. Check each psychiatric patient to ensure he or she is carrying no object that can be used as a weapon or incendiary device.

3.1.9.2. Conduct anti-hijacking procedures according to AFI 41-301 and Federal Aviation Administration (FAA) directives. Prepare the certificate of security check for the medical crew director (MCD). If a patient or attendant refuses to comply with the requirements, do not transport this individual to the aircraft.

3.1.10. FASF Personnel Duties at Plane Side. FASF nursing and administrative personnel accompany and transport patients, attendants, the DD Forms 602 or AF Form 3899, patient medications, hand-carried items, special diets, baggage, medical records, and x-rays between the FASF and flight line. Nursing personnel exchange a patient report with medical crew per paragraph **3.1.2.1.**

3.1.10.1. When FASF personnel handle litters or equipment in or near the aircraft, they must remove all finger rings and wear gloves.

3.1.10.2. FASF personnel must ensure patient safety while boarding them on buses. If a litter patient can walk but can't safely board the bus walking, or requires crutches to walk, FASF personnel will carry the patient on a litter for loading and unloading.

3.1.11. Patient Documentation.

3.1.11.1. Patients traveling in the AE system must have a legible copy of clinical records. Records may be either hand-carried by the patients/attendants or transported by FASF personnel.

3.1.11.2. Do not accept unaccompanied records unless prior arrangements exist.

3.1.11.3. Patients and MAs or NMAs must be on travel orders which are provided by the originating MTF.

3.2. CASF. Perform the same functions that the FASF performs.

3.2.1. Material for establishing a CASF comes from WRM stock.

3.3. MASF.

3.3.1. Pre-arrival.

3.3.1.1. MASF personnel receive patients from user-service forward medical elements into the MASF to hold for incoming AE missions after coordinating with the medical regulating and AECC offices. The MASF usually holds patients for no longer than 6 hours. The staff provides supportive nursing care as necessary and emergency resuscitation as required.

3.3.2. Mission Support.

3.3.2.1. Prepare patient manifests (if the user-service or other AE element has not accomplished), patient load plans, and other administrative support on a limited basis.

3.3.2.2. Help AE crews to configure the aircraft to receive litter and ambulatory patients when necessary.

3.3.2.3. Enplane and deplane patients, transport them to and from the aircraft if necessary.

3.3.2.4. Provide a status and capability report to AECC.

3.3.2.5. Coordinate with the AELT or the MTF (if no AELT is used) personnel, on transferring patients before the aircraft arrives.

3.4. Forms Prescribed.

- AF Form 1052, **Envelope for Storing Patient's Valuables**
- AF Form 1053, **Record of Patient Storing Valuables**
- AF Form 3829, **Report of Patients Evacuated by Air**
- AF Form 3830, Patient Manifest
- DD Form 602, Patient Evacuation Tag

- DD Form 2239, **Consent for Medical Care and Transportation in the Aeromedical Evacuation System**
- SF 600, **Health Record--Chronological**

3.5. Terms. For a complete list of terms, refer to Air Force Directory (AFDIR) 41-317, *Compendium of Aeromedical Evacuation Terminology*.

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Attachment 1

GLOSSARY OF REFERENCES ABBREVIATIONS, AND ACRONYMS

References

AFMAN 23-110, Volume 5, *Air Force Medical Materiel Management System--General*

AFI 36-3003, *Leaves and Administrative Absence Policy*

AFPD 40-2, *Radio Active Materials (Non-Nuclear)*

AFPD 40-3, *Family Advocacy Program*

AFI 41-115, *Medical Programs and Benefits*

AFPD 41-2, *Medical Support*

AFPD 41-3, *Worldwide Aeromedical Evacuation*

AFI 41-301, *Worldwide Aeromedical Evacuation System*

AFI 41-302, *Aeromedical Evacuation Operations and Management*

AFI 41-303, *Aeromedical Evacuation Dietetic Support*

AFJMAN 41-306, *Physician's Roles and Responsibilities in Aeromedical Evacuation*

AFI 41-307, *Aeromedical Evacuation Patient Considerations and Standards of Care*

AFH 41-312, Volume 1, *Aeromedical Evacuation Contingency Operations (AECOT) Training Standards--General*

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AFH 41-312, Volume 4, *Aeromedical Evacuation Contingency Operations (AECOT) Training Standards--Patient Care*

AFH 41-313, *Aeromedical Evacuation Documentation*

AFDIR 41-317, *Compendium of Aeromedical Evacuation Terminology*

AFH 41-318, *Ambulance Bus (AMBUS) Training Standards*

AFI 41-319, *Critical Care Air Transport Team (CCATT)*

DoD 4515.13R, *Air Transportation Eligibility*

Joint Pub 4-02.2, *Joint Tactics, Techniques, and Procedures for Patient Movement*

Abbreviations and Acronyms

AE—Aeromedical evacuation

AECC—Aeromedical Evacuation Coordination Center

AELT—Aeromedical Evacuation Liaison Team

AEOO—Aeromedical Evacuation Operations Officer

AF—Air Force

AFDIR—Air Force Directory

AFH—Air Force Handbook

AFI—Air Force Instruction

AFJH—Air Force Joint Handbook

AFJI—Air Force Joint Instruction

AFJMAN—Air Force Joint Manual

AFM—Air Force Manual

AFMD—Air Force Manpower Determinant

AFPD—Air Force Policy Directive

AFR—Air Force Regulation

APES—Automated Patient Evacuation System

ARC—Air Reserve Components

ASF—Aeromedical Staging Facility

ASTS—Aeromedical Staging Squadron

AWOL—Absent without leave

CASF—Contingency Aeromedical Staging Facility

CONUS—Continental United States

DMRIS—Defense Medical Regulating Information System

DNR—Do not resuscitate

DoD—Department of Defense

FAA—Federal Aviation Administration

FASF—Fixed Aeromedical Staging Facility

GPMRC—Global Patient Movement Requirements Center

HQ AMC—Headquarters, Air Mobility Command

JCAHO—Joint Commission for Accreditation of Healthcare Organizations

JMRO—Joint Medical Regulating Office

MA—Medical Attendant

MAJCOM—Major command

MASF—Mobile Aeromedical Staging Facility

MCD—Medical Crew Director

MMO—Medical Material Office

MTF—Medical treatment facility

NMA—Non-medical Attendant

OIC—Officer-in-Charge

RMO—Resource Management Office

RON—Remain overnight

SAM—Self administered medications

SNE—Senior Nurse Executive

TPMRC—Theater Patient Movement Requirements Center

UMD—Unit Manning Document

WRM—War Reserve Materiel